		Application Number	10/766,993
POWER OF ATTORNEY **OR** **REVOCATION OF POWER OF ATTORNEY** **WITH A NEW POWER OF ATTORNEY** **AND** **CHANGE OF CORRESPONDENCE ADDRESS**		Filing Date	January 28, 2004
		First Named Inventor	Chang, Chia-Hwa
		Title	SURFACE EXPRESSION OF BIOLOGICALLY ACTIVE PROTEINS IN BACTERIA
		Art Unit	1632
		Examiner Name	Anoop Kumar Singh
		Attorney Docket	016976-000810US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

20350

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

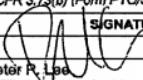| ☐ Firm or Individual Name	
Address	
City		State		Zip	
Country	
Telephone		Email	

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	11 20 09
Name	Peter R. Lee	Telephone	650-498-7942
Title and Company	Chairman – OSEL, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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